



Application for General Permit to  
Discharge Stormwater Associated with  
**Industrial Activity**  
(Notice of Intent)

Date Facility Started Operations

☐ Change of Information

Permit No. SO3 -

(Please print in ink or type)

Please Read NOI Instructions Before Filling Out This Form

**I. Permittee Information**

**Operator/Representative for the Facility**

(All correspondence Will Be Mailed Here)

**Billing Address**

(If different than Representative)

Operator/Representative's Name <u>Tony Chiras</u>		Billing Contact Name <u>MARK LUCAS / MS KSC-NR-0512</u>	
Title <u>Dispatch Manager</u>	Phone No. <u>206 764-3232</u>	Phone No. <u>206-684-1248</u>	
Company Name <u>Great Western Soil Conditioners</u>		Company Name <u>King County</u>	
Street Address or P.O. Box <u>P.O. Box 4128</u>		Mailing Address <u>MS. - KSC-NR-0512</u> <u>201 South Jackson St.</u>	
City <u>Tumwater</u>	State <u>WA.</u>	City <u>Seattle</u>	State <u>WA.</u>
Zip + 4 <u>98501</u>		Zip + 4 <u>98104-3855</u>	

**II. Facility Information**

Name of Facility <u>King County Airport Staging Yard</u>		Facility Contact Name <u>Tony Chiras</u>		Phone No. <u>206-764-3232</u>
Facility Street Address (or Location Description) <u>6640 Ellis Ave</u>				
City <u>Seattle</u>	State <u>WA</u>	Zip + 4 <u>98108</u>	County <u>King</u>	
A. List the Primary Standard Industrial Classification Code for your facility in No. 1 1. <u>4231</u> 2. <u>  </u> 3. <u>  </u> 4. <u>  </u>				
B. Type or Nature of Business: <u>Freight Trucking Terminal</u>				
C. Total size of site with industrial activity in acres: <u>1.6</u> (divide square feet by 43,560 to get acres)				

**III. Receiving Water Information** (check all that apply)

A. Where Does Stormwater From Your Facility Discharge to:	
1. <input checked="" type="checkbox"/> Storm drain system - Owner of storm drain system (name) <u>King County</u>	
2. <input type="checkbox"/> Indirectly or directly to surface waters (e.g., river, lake, creek, estuary, ocean, wetland)	
3. <input type="checkbox"/> Directly to ground waters of Washington state: <input type="checkbox"/> Dry Well <input type="checkbox"/> Drainfield <input type="checkbox"/> Other	
4. <input checked="" type="checkbox"/> Sanitary/combined sewer system	
B. Name(s) of Receiving Water(s):	
Initial discharge is to an unnamed receiving water? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**IV. Stormwater Pollution Prevention Plan (SWPPP)**

Has a stormwater pollution prevention plan been developed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If NO, Ecology must be notified by letter when the SWPPP has been developed and implemented.	

**V. Industrial Areas and Activity Information**

C. Areas with industrial activities at facility: (check all that apply)	
1. <input type="checkbox"/> Manufacturing Building	6. <input type="checkbox"/> Application or Disposal of Wastewaters
2. <input type="checkbox"/> Material Handling	7. <input checked="" type="checkbox"/> Storage and Maintenance of Material Handling Equipment
3. <input type="checkbox"/> Material Storage	8. <input type="checkbox"/> Vehicle Maintenance
4. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal (Refers to RCRA, Subtitle C Facilities Only)	9. <input type="checkbox"/> Inactive Areas Where Significant Materials Remain
5. <input type="checkbox"/> Waste Treatment, Storage, or Disposal	10. <input type="checkbox"/> Access Roads and Rail Lines for Shipping and Receiving
	11. <input checked="" type="checkbox"/> Other <u>Vehicle Staging</u>

ECY 020-84 (Rev. 11/95)

(Continued on Back Page)

Ron Devitt 425-649-7028

## VI. Material Handling/Management Practices

A. Types of materials handled and/or stored outdoors: (check all that apply)		
1. <input type="checkbox"/> Solvents	4. <input type="checkbox"/> Plating Products	8. <input type="checkbox"/> Paints/Coatings
2. <input type="checkbox"/> Scrap Metal	5. <input type="checkbox"/> Pesticides	9. <input type="checkbox"/> Woodtreating Products
3. <input type="checkbox"/> Petroleum or Petrochemical Product	6. <input type="checkbox"/> Hazardous Wastes	10. <input type="checkbox"/> Other Toxics (Please list)
	7. <input type="checkbox"/> Acids or Alkalies	
B. Identify existing management practices employed to reduce pollutants in industrial stormwater discharges: (check all that apply)		
1. <input checked="" type="checkbox"/> Oil/Water Separator	4. <input type="checkbox"/> Surface Leachate Collection	8. <input type="checkbox"/> Infiltration Basins
2. <input type="checkbox"/> Containment	5. <input type="checkbox"/> Overhead Coverage	9. <input type="checkbox"/> Operational BMPs
3. <input type="checkbox"/> Spill Prevention	6. <input type="checkbox"/> Recycling/Source Reduction	10. <input type="checkbox"/> Vegetation Management
	7. <input type="checkbox"/> Detention Facilities	11. <input type="checkbox"/> Other (Please list)

## VII. Regulatory Status (check all that apply)

A. <input type="checkbox"/> NPDES Permit Permit No. _____	C. <input type="checkbox"/> Air Notice of Construction, Permit, or Order Agency _____
B. <input type="checkbox"/> State Waste Discharge Permit Permit No. _____	D. <input type="checkbox"/> State/USEPA Hazardous Waste ID No. _____

## VIII. State Environmental Policy Act (SEPA) (Applies only to new or newly established facilities.)

Has a SEPA review been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Exempt
Type of SEPA document	<input type="checkbox"/> DNS	<input type="checkbox"/> Final EIS	
Agency issuing DNS, Final EIS, or Exemption _____; Date _____			

## IX. Public Notice (Applies only to new or newly established facilities.)

This NOI must be submitted to Ecology on or before the date of the first public notice (See NOI Instructions)	
Date of the first public notice ____/____/____; Date of second public notice ____/____/____	
Name of the newspaper which will run the public notices _____	

## X. Certification of Permittee(s)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

(If Co-Permittee)

<u>Anthony S. Chirco</u> Operator/Representative's Printed Name	_____ Co-Permittee's Printed Name
<u>[Signature]</u> Operator/Representative's Signature	_____ Co-Permittee's Signature
<u>Dispatch Manager</u> Title	<u>4-9-02</u> Date
_____ Title	_____ Date

Please sign and return this document to the following address:

Washington Department of Ecology  
Water Quality Program  
Stormwater Unit  
PO Box 47696  
Olympia, WA 98504-7696

QUESTIONS: If you still have questions after reading the instructions for completing this form, call the Department of Ecology at (360) 407-6437.

The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status, or sexual orientation.